Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/30/2014	Street:	150 Mercedes Drive	
Incident #:	14ISPC003607	Apt, Lot, Ro	Apt, Lot, Room #:	
County:	Montgomery	City:	Crawfordsville	
Type of Laboratory Seizure (check one)		Seizure Locatio	eizure Location (check all that apply)	
✓ Lab Seizure✓ Chemical Seizure✓ Equipment Seizure✓ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, n	nulti-family dwelling: Shared HVAC	: ☐ Yes ⊠ No	Unknown	
Items Found	: Location (bedroom, kitchen, open air, e	tc) (check all that a	pply)	
 ☑ One Pot or Birch Reaction(s): Bedroom ☑ Red Phosphorous/Iodine Reaction(s): ☑ Hydrochloric Acid Gas Generator(s): Bathroom ☑ Flammable Solvents: Living room 		☐ Anhyd ∑ Corros ∑ Corros ☐ Ammo	Water Reactive Metal (Lithium): <u>kitchen</u> Anhydrous Ammonia: Corrosive Acid: <u>bedroom</u> Corrosive Base: <u>kitchen</u> Ammonium Nitrate/Sulfate: Other (item and location):	
Child under	age 18 discovered (check appropriate)			
⊠ No	(number present) not present but evidence they reside	unclea Estimated occurring:	length of time manufacturing had been	
Vehicle, Trav	vel Trailer, RV or Watercraft Inforn	nation:		
Owner: VIN: Year:		Make: Model: Color:		
This report h	as been faxed* or emailed to the foll	owing agencies t	hat serve the location:	
Fire Department: <u>Crawfordsvilel Fire</u> Health Department County: <u>Montgomery Co.</u> Department of Child Services Hotline: <u>dcshotlinereports@</u>		Fax: <u>765</u>	Fax: 765.364.5198 Fax: 765.361.3239 s@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
	rmation regarding this methamphetam fficer: <u>Sean Schaefer</u> Phone	ine laboratory, co 765.567.2125	ntact	
*TI'- C				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.